DOCUMENT RESUME

ED 398 503 CG 027 271

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TITLE Mental Health Administration and Psychology: A New Proposed Specialty Area.
PUB DATE [94]
NOTE 7p.
PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Administrative Problems; *Administrator Characteristics; Administrator Education; Administrators; *Clinical Psychology; *Degree Requirements; *Doctoral Programs; Health Care Costs; Higher Education; Mental Health; *Psychological Services; Psychology
IDENTIFIERS Health Care Reform

ABSTRACT

The advent of managed health care has seen mental health practitioners from non-psychology disciplines become administrators of mental health systems. This tendency has resulted in psychologists having little authoritative input into the administration of mental health services. The purpose of this paper is to explore the possibilities of developing curriculum course work and practica in the area of administration. A primary reason psychologists are either not seeking or obtaining administrative positions is because there is no formal training in administration available to them in most curricula leading to an advanced degree in the professional practice of psychology. It now appears that while psychology and psychiatry were embroiled in turf wars over who should provide what services to clients, social work programs saw the proverbial handwriting on the wall and elected to offer the option of administration to students. Failure to develop administrative psychologists through doctoral clinical psychology programs would serve to continue clinical psychology's subjugation by other mental health professions in those positions. (JBJ)

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ED 398 503

MENTAL HEALTH ADMINISTRATION AND PSYCHOLOGY: A NEW PROPOSED SPECIALTY AREA

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MENTAL HEALTH ADMINISTRATION AND PSYCHOLOGY: A NEW PROPOSED SPECIALTY AREA

In order for psychology to survive the changes and ensure a place for itself in health care reform initiatives (Welch, 1994), it has been necessary for its mental health practitioners to develop an entirely new set of professional behaviors that have little to do with actual clinical practice issues and responsibilities.

Psychology has acted as its own lobbyist so mental health practitioners would have a place in the Medicare, Medicaid, and CHAMPUS systems of reimbursement for services (McGuire, 1989). Psychology is forging ahead in developing and implementing a National College of Professional Psychology (Newman, 1994), designed to assist psychological practitioners in gaining proficiency in areas of specialization for which they historically have not been reimbursable. Psychology is pushing hard for prescription privileges for psychological practitioners with appropriate training in psychopharmacology, along with the potential of creating specialty licensing. It appears that these professional activities have been taken on to advance psychology as a science, a practice, and a profession.

However, the advent of the managed health care (HMO's, PPO's, etc.) has seen mental health practitioners from other non-psychology disciplines (public health, hospital administration, nursing, social work, educational psychology, counseling, etc.) become the administrators of mental health systems, in addition to possessing that role in many public agencies. While psychology is expending its energies to make sure quality mental health

services are being provided, its practitioners are making relatively few inroads into the administrative sector (Perlman & Hartman, 1987). This tends to result in psychologists having little authoritative input into the administration of mental health services, other than as a "researcher" or a consultant (Gottfredson, 1987).

A primary reason psychologists are either not seeking or obtaining administrative positions is because there is no formal training in administration available to them in most curricula leading to an advanced degree in the professional practice of psychology (Perlman & Hartman, 1987). In fact, a random survey of 15 doctoral clinical psychology programs across the United States yielded only one program, the Rosemead Graduate School at Biola University, where future clinicians could take a course in the "administration of human services organizations".

The purpose of this paper is to explore the possibilities of developing curriculum course work and practica in the area of administration. This additional curriculum would permit psychologists to represent themselves as a health care professionals without the need of relying upon other allied health providers to do it for them, often to the detriment of psychology.

Administrative Psychology: A Proposed Specialty

The advocacy efforts done by the American Psychological Association on behalf of psychology have helped the profession retain a place in providing mental health services and clinical supervision to those doing treatment. However, administrative management positions in many public and private health care settings continue to go to master's degree social workers; physicians; master's degree nurses; or public health administrators.

A case in point; the State of Wisconsin has 72 counties, each of which is mandated to provide services to state residents having mental illness, alcohol/drug problems, or developmental disabilities. In the past twenty years, only *one* psychologist (Ph.D., and licensed) has ever been the primary administrator of a county human services department. That type of position, along with many in managed care systems, have traditionally gone to master's level social workers.

What psychology has gained because of its lengthy academic and experiential training in assessment and psychotherapy is more work in those two basic areas. What psychology may have lost is the ability to put more of its members in administrative positions. Making employment gains in the administration of mental health services has never been formally addressed by the profession or the American Psychological Association.

Many social work programs offer three different academic tracks for their graduate students. One track offers didactic and experiential training for "clinical" social work. Another track is for training school social workers. The last track is for training administrators. By virtue of academic training and experience, psychologists should be viewed as the ranking therapists in virtually all mental health settings. It now appears that while psychology and psychiatry were embroiled "turf wars" over who should provide what services to clients, social work programs saw the proverbial "handwriting on the wall" and elected to offer the option of administration to its students. In many agency settings, social workers not only hire and fire psychologists and psychiatrists, but also are responsible for the overall comprehensive administration (program development;

budgeting; supervision, etc.) of their settings.

Clinical psychologists need to expand their role to include both didactic, practicum, and internship exposure in mental health administration to obtain greater expertise in program development, budgeting, staff recruitment, and public accountability (Clements, 1992; Glenwick, 1987; Reeve, 1988). Particularly needed in clinical psychology training is a full year course in "*Mental Health Care Policy and Planning*", with a practicum, so students could learn to analyze the social, economic, and political factors affecting the development and administration of federal and state health care policies. This type of course would provide for concepts, approaches, and techniques of mental health planning at the regional, institutional, and program levels.

It is now time to integrate administrative training into doctoral clinical psychology programs despite many students already having difficulties completing the typical five-year program. The loss of a couple of elective courses may well be worth the increase in post-doctoral career options. Failure to develop administrative psychologists would serve to continue clinical psychology's subjugation by other mental health professionals in those positions.

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